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TRANSMITTAL FORM

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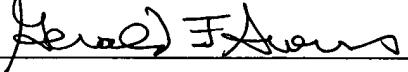
		Application Number	09/480,260
		Filing Date	January 11, 2000
		First Named Inventor	Pavel HAMET
		Group Art Unit	1654
		Examiner Name	M. Meller
Total Number of Pages in This Submission	26	Attorney Docket Number	559082000800

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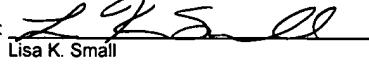
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages) <input checked="" type="checkbox"/> Fee Attached (Check for \$220.00) <input checked="" type="checkbox"/> Amendment/Reply (20 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 – 1 page	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney-Revocation Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below) 1. Notice of Appeal (1 page) 2. Return postcard
<div style="border: 1px solid black; padding: 5px; width: 100%;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	SWISS LAW GROUP LLC	38706
Signature		
Date	December 30, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail Label No. EU 633671915 US in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Dated: December 30, 2003 Signature: 
Lisa K. Small



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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 220.00)

Complete if Known

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First Named Inventor	Pavel HAMET
Examiner Name	M. Meller
Group Art Unit	1654
Attorney Docket No.	559082000800

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number 50-2859

Deposit Account Name

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	10	-28** =	0	x	9.00	=	0.00	Fee Paid
Independent Claims	1	-3** =	0	x	43.00	=	0.00	
Multiple Dependent					145.00	=	0.00	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00			

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	55.00
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 E xtension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	165.00
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810 385 For each additional invention to be examined (37CFR 1.129(b))	
1801	770	2801 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify)		SUBTOTAL (3) (\$)	

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

220.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gerald F. Swiss	Registration No. (Attorney/Agent)	30,113	Telephone	(650) 856-3700
Signature				Date	December 30, 2003



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Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	
		220.00	

*DUPLICATE FOR
See processing*

SUBMITTED BY					Complete (if applicable)
Name (Print/Type)	Gerald F. Swiss	Registration No. (Attorney/Agent)	30,113	Telephone	(650) 856-3700
Signature	<i>Gerald F. Swiss</i>	Date	December 30, 2003		